MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

079156

CERTIFICATE OF DEATH

	Reg. Dist. No	
1. PLACE OF DEATH: ORILL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For ye whom in family give residence of mother)	
County Part Dolopart Punal	State Manyland, County Clail	
City or town (If outside city or town limits, write RURAL and give nearest town)	Prix 1000 anis	ural
How long in above place of death? 30 yrs.	City or town (If outside city or town limits, write RURAL and give nearest	t topyn)
Hospital, institution, or street address where death occurred:	Street No. Part Wellant Rising	Lun al
	(If rural, give LOCATION)	
How long In hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Nur	mber
Someo Ubra	hams.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Malas andite Machines	AG6 1 1/ 47	3P.
marian inavious	20. DATE OF DEATH	
6.(b) Name of husband or wife	21, I CERTIFY that death occurred on the date above stated; that i attended deceased	from
S.(c) If alive, give age	19 19 19 19 19 19 19 19 19 19 19 19 19 1	19
7. Birth date of		19
deceased (mo., day, yr.) R ACE. Years Months Days If less than one day	Immediate cause of death	DURATION
o. Auc.	Olas en	
84 / 19hrsmin.	- Lander - L	
Surlaing hain Va.	Due to myscaedels	394
(Town, courty, and atate)	Δ	(/)
10. Usual occupation	Que to	
11. Industry or business a auto	SUC 1U.	
	Other conditions	
12. Name Should Baltimere, Mil		•••••
	(Include pregnancy within 3 months of death)	
14. Maiden name. Mattie a. Orice.	Major findings of operations.	
15. Birthplace	Bate of op.	
Devaline (healennes)		
16. Informant	Autopsy results	istically.
Address (Set h efraget, ma	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Burral Bate thereof Sefet 14, 194		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Mediatini, animati of the state	***************************************
Cemetery or crematory	Where did injury occur?	State)
() six 10 classit had Aura	Injured at home, farm, Industry, public place (where?)	
Location Location	Means of Injury Injury Injury	
18. Funeral director Lee and Surgious Son	I Alle	Sm D
Address levyvelle, ma,	1 / Know	1/2 0
1 + 12 / 12 0 5 //	23. SIGNATURE M. D. or	2/ //
19. (Date fee'd by registrar) (Registrar)	Address Of SDUMC Date signed.	113/4
(Date, rec d by registrar)	And the same of th	- 4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

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07917

			CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEA County	Cec rryville tride city or town lin of death? Li street address where d	Rits, write Ri		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Cecil City or town Perryville, Md., Rural (If outside city or town limits, write RURAL and give nearest town) Frenchtown Road (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
	Sama	h Ann	Bines	
4. Sex Female	5. Color or race White	6.(a)Single	married, widowed, or divorced	20, DATE OF DEATH Settember 97 19 47 11 12 30
7. Birth date of deceased (mo., day, yr 8. AGE: Years		6.(c	Bines If allve, give ageyears 1880 If less than one day	21. I CERTIFY that death occurred on the date above stated: that I prended deceased from 19
67 7 19 hrs. min. 9. Birthplace Cecil Co., Md. (Town, county, and state) House Wife				Due to
12. Name	Thomas Bo		o., Md.	Other conditions
14. Maiden name Nettie Poplar 15. Birthplace Harford Co., Md. 16. Informant William & Bines Address Carryville Md.				Major findings of operations
Address 17 Buria (Burial, cremation, Cemetery or cremator	or removal, Which?)	/	of Sept. 23., 1947.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

Moens of injury

23. SIGNATURE.

especially PLAINLY, is especially WRITE PLEASE A15

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important.

Location 18. Funeral directo Perryville. Md. Address Registra

injured at home, farm, industry, public place (where?)

Injured at work?

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SEP 25 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07918

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Store Md	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town	Stato
(If outside city or town limits, write RURAL and give nearest town) Now long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town) Sireet No.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) It voleran, name war
3. (a) FULL NAME Frisby Boyer	3. (b) Social Security Number
4. Sex 5. Color or raco Single, married, widower, opdivorced	MEDICAL CERTIFICATION
Male hegro I married	20. DATE OF DEATH September 1 1947, at 9 14
B.(b) Name of husband or wife.	21. I PERTIFY that death occurred on the date above stated; that lettended doceased from
	Jenney 2 18, 77, 10 Sept 11 18 47
7. Birth dato of PT C	and that I last saw h alive on 18 5
deceased (mo., day, yr.) 8 A.G.E. Years Months Days Hess than one day	Immediate cause of death
8. AGE: Years Months Days If less than one day	Chy Referrial resolution 10 year
8 6 min.	Chy myseaditis 12 yr
9. Birthplace (Jown, eounty, and state)	Duo to
10. Usual occupation Lapturer	***************************************
1 t. Industry or business	Duo to
12. Name Burthplace Many Day	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
∑ 15. Birthplace Wanyland	Date of on
16. Informant Ms Collage Barger.	Autopay results.
Address Ceciltan Med	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
O Augus	22. VIOLENCE: It doa'th was due to external causes, till in the tollowing;
(Burial, eremation, or removal. Which?) Outo thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
OCHICLETY OF CHICAGON AND AND AND AND AND AND AND AND AND AN	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director. Austra O. Carella	Means of Injury Injured at work?
Address & 207 pine St Wilmels Red	23. SIGNATURE James A Delina Mel
10 sept w . 4) Mrs Hanes w. Ola	M. D. or other
(Date red d by registrar)	Address Eller Wad Dato signed 9/624-4

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MARYLAND STATE DEPARTMENT OF HEALTH

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VAH, Perry Point, Md. Bate sign 9-3-47

CERTIFICAT	E OF DEATH Reg. Diat. No	96
PERRY POINT, MARYLAND (If outside city or town limits, write RURAL and give nearest town) ow long in above place of death? Ospital, institution, or street address where death occurred: VAH, Perry Point, Maryland ow long in hospital or institution? Same as above i. (a) FULL NAME EDWARD J. BROWN	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Pennsylvania County City or town R.D. 2. Darlington, Pennsylvania (If outside city or town limits, write RURAL and give nearestreet No (If rural, give LOCATION) 2.(a) It veteran, name war World War I 3. (b) Social Security N	vania est town)
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Single	20. DATE DF DEATH September 2, 19 47	2:10 Pm
.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceas July 2 19 31 to Sept. 2 and that I last saw him alive on September 2 Immediate cause of death Tuberculosis Pulmonary, Chronic, Far Advanced, Active 3 Due to Due to	19.47
12. Name John Brown - Deceased 12. Name Unknown 13. Birthplace Unknown 14. Malden name Anna Kennedy - Deceased 15. Birthplace Ireland	Other conditions Psychosis, Residuals of Encephalitis, chr., Parkinsonian Synd. (Include pregnancy within 8 months of death) Major fiedings of operations. Date of op.	
Address Perry Point, Maryland Removal (Buriat, cremation, or removal, Which?) Cemetery or crematory Beaver Falls, Penn.	Antopsy results. No Autopsy PHYSICIAN: Please underline the cause to which death should be charged at 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide	tatistically.

Address Havre de Grace, Waryland

19. Sept. 3 (Date ree'd by registrar)

SEP 5 1947
BUREAU V 8

Reg. Dist. No.

CERTIFICATE OF DEATH

	lea St., Baltimore 1579	20	
	TE OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: County County Rising Sun City or town Rising Sun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md. Coucit Coucit		
(If outside city or town limits, write RURAL and give nearest town) RIL 116 How long in above place of death? Hospital, Institution, or street address where death occurred:	City or town. Rising Sun (if outside city or town limits, write RURAL and give a Street No	neareat town)	
How long in hospital or institution?	. 2.(a) If veteran, name war	•	
3.(a) FULL NAME Harry Osborne Burkins	3. (b) Social Securit 217-16-		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced W Married	MEDICAL CERTIFICATION Sept. 11 4	7 10.3	
6.(b) Name of husband or wife Elizabeth Burkins 5.(c) If allve, give age 57 7. Birth date of deceased (mo., day, yr.) Aug. 16 1889	and that I lest saw it	19	
8. AGE: Years Months Days It less than one day 26		3wks	
9. Birthplace	Due to Congenital Heart Disease Chronic Nephritis	life 2yea	
11. Industry or business 12. Name	Biher conditions Coronary Sclerosis	2уе	
14. Malden name Laura SiShade 15. Sirthplace Maryland	(Include pregnancy within 3 months of death) None Major findings of operations		
16. Informant Elizabeth Burkins Address Rising Sun, Md.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charge		
(Burial, cremation, or removal, Which?) Date thereof Set 15 1947 Completely or crematory Set 15 1947	22. VIOLENCE: tf death was due to externat causes, fill in the following: Accident, suicide, or homicide	(Statu)	
Location Pising Lun Ind.	injured at home, farm, tendustry, public place (where?)		
Address Rusing Lun Md	R.C.Dodson, M.D. for Ceci	County D. or other	
19. At A 3 (9.47) Date recopyragistrar	FISHE CUR, MU.	9-12-	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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Reg. Dist. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Cleil	(For newborn infants give residence of mother)
D , ,	State Ma County Cled
(If outside city or town limits, write RURAL and give nearest town)	Resing & un
How long in above place of death? The years.	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street addrees whoro death occurred:	
	Street No
-	
How long In hospital or institution?	. 2.(α) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Emma Scott	Cameron
4. Sex 5. Color or race 6.(a)Single, married, widowed, or diverced	MEDICAL CERTIFICATION
Hemaly White Widowed	20, DATE OF DEATH SCHULLING 12 1947 21 930Qm
Robert Cambre	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
6.(b) Namo of husband or wife.	
7. Birth date of	and that I last sew harman allye on 19.9
deceased (mo., day, yr.) Aug. 27, 180	Immediate cause of death OURATION
8. AGE: Yeare Months Days If less than one day	Cardiac Januar
9/0/23hrsmin.	
8. Birthplace Lewisville Pa-	Duo to Certaino selevino
(Town, county, and state)	
10. Veual occupation. Relief	
	Oue to
it. Industry or bueinese	-
E 12. Name Inomas OCOL	Other conditions
12. Name homas & Catt 13. Birthplace Pa	
14. Maiden namo. Mary Strickland 15. Birthplace Pa	(Include pregnancy within 8 months of death)
E P	Majur findings of operations.
X 15. Birthplace	- Date of op.
16 Informant Waller Cameron	Autopsy results
Ri. Xu. Dan I	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Justing Com, 170.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bund (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	
(Burial, cremation, or removal, Which?) (month) (day) (yeur)	
Cemelery or crematory West College	Where did injury occur?
Location Man Colora, Wd.	Injured at home, farm, industry, public place (where?)
1 2 7 10 20	Meane of tnjury tnjurod at work?
18. Funeral director	1000
Address Rising Dun. md.	23/SANGURE COCISON HON
1. Lake 13 was Zmmonthania	Departed M. D. or other
19. (Date heald by receiptors)	Tatalant Vally Oliver Main signed - 3 4



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

/	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manland County Carl
City or town. (If outside city of town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Streef No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Soloman Christie	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male colored widowed	20. DATE OF DEATH
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	8-1 1947 10 7-23 1941
7. Birth date of Sept 11 - 1881	and that I last saw h alive on 9-19 19.4.
Deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	My ola-d. x.s Serons
66 / 6 / 10hrsmin.	Charic years
8. Birthplace Roule and (Town, county, and state)	Due to
10. Usual occupation	
, , , , , , , , , , , , , , , , , , ,	Due to
11. Industry or business	But to Car Proute Asia
12. Name Thomas Christie 13. Birthplace Pengalle Md,	Other conditions By hash- hic mound in
	(include pregnancy within 3 months of death)
14. Maiden name amanda Bayard. 15. Birthplace Rowlandville Md.	
8 15 Billion Royalandon 910 red 1	Major findings of operations.
M. Olivaniale	- Date of op.
16. Informant Wester	Autopsy results
Address Port Deposet Maj	
17. Burial gremation or removal Which?) Date thereof. Sleft 23 19 4/	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crampatory Illianon Pa	Whers did injury occur?
Location Ynla, Pa.	Injured at home, farm, industry, public place (where?)
96 740	Means of Injury Injured at work?
18. Funeral director.	62.12011
Address Piserry Sun Mg,	- Mulantand. M
New 12 49 Jam other ato	23. SIGNATURE M. D. opother
19. All Date Acid by registrary (1) Registrary	Address to - the fort had Date signed 9-22-4

Registrar | Address ..

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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SEP 23 1947

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2411 N. Charles St., Baltlmore

CERTIFICATE OF DEATH

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Reg. Dlat.	No	

DURATION

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County COLT	Stato. Ind . county Cecil
(If outside city or town limits, write RURAL and give nearest town)	501 -
How long in above place of death?	City or town (II ontside city or town Hmits, write RURAL and give nearest town)
Hospitai, institution, or street addross where doubt occurred:	Street No. East Man St.
Union Harpstal	(lf rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, came war
3. (a) FULL NAME augusta bleacon	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. Wh. lordowed	No 6 + 25 47 3
0010	20. DATE OF DEATH 19 at
8.(6) Name of husband or wife.	21. I CERTIFY that doath occurred on the date above stated; that attended deceased from
	1947 to Nob 2 2 5 15
7. Birth date of deceased (me., day, yr.)	and that I last saw h alive on 15
8. AGE: Years Months Days It less than one day	Immediate cance of death Que Co. P. D. 2/20
82hrsmin.	John Market Start
6116	
8. Birthplace (Toyin, county, and acte)	Due te
10. Usuat occupation at Home	
11. Industry or business	Due to
	Blade - O Carterant
3 11 10	Other conditions of target Certification
2 13. Birthpiaco Crankeford, Germany	(Include pregnancy within 8 months of death)
E 14. Maiden namo. Managent Section	Major findings of operations
15. Birthplaco Germony	Date of op.
16, interment mrs Sidned Difor	Autepsy results
0114 0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Clicton mo	22. VIOLENCE: if death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
4/3und. 201 1 -44	
Cometery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Melympolitale live flew york lity, A. 9	injured at homo, farm, industry, public place (where?)
18. Funoral director of he fabbear	Means of injury injured at work?
Address Eleton Md	201011
1/19	23. SIGNATURE MA LOID TO DED ME CHOIL
(Date see'd by registrar)	South h. A M. Dorother
(Date rec'd by registrar) Registrar	Address Date signed Date signed

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, of street address where death occurred: Nozp How long in hospital or institution?	Street No
3. (a) FULL NAME Sillians Dougherty	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, of divorced from the Storgle	MEDICAL CERTIFICATION 20. DATE DE DEATH. SLOCK AND
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decesed from
7. Birth date of deceased (mo., day, yr.) Hot 30-18/6 8. AGE: Years Months Days If less than one day	and thalf lest saw harmalive on 19. Immediate cause of death DURATION
9. Birthplace	Dud to.
10. Usual occupation. 11. Industry of business afternal Stuties	Due to
12. Name Denotion Surfaces Aurenotion	(Include pregnancy within 3 months of death)
14. Males Hame Molle - West property 15. Birthplace Work wow?	Major findings of operations. Date of op.
18. Informant Ada Address	Autopsy results
17 Buy 1 Date thereol 9 7 4 7 (Burlal, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: II death was due to external causes, fill in the following: Accident, auticide, or homicide
Cometery or crematory Charles Town	Where did Injury occur?
18. Funeral director. H. W. Pippin 4 Son	Moons of Injury Injured at work?
19. Sept 7 1947 3RJragger (Datgree'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

07925 PReg. Diat. No. 96

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Baltimore City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Streel No. 638 W. Franklin Street (If rural, give LOCATION) 2.(a) If veteren, name war World War I 3. (b) Social Security Number
CHARLES R. EBBERTS	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH September 18th 19 47 at 3 A
6.(b) Name of husband or wite Unknown 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from December 9 18 39 to Sept. 18th 18 47 and that I last saw h im alive on September 18th 18 47.
8. AGE: Years Months Days if less than one day 59 O 19hrsmin.	Pneumonia, bronchial, bilateral 4 days
9. Birthplace	Due to Carcinoma, bronchogenic, left 2 yrs. with metastasis to the mediastinal polymph nodes and to the left pleura and liver Other conditions Arteriosclerosis, generalized
Unknown 13. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
18. Intermant Hospital Records Address VAH, Perry Point, Maryland	Aniopsy results Confirms above PHYSICIAN: Please underline the cause to which death should be charged statistically.
Removal (Burial, cremation, or removal, Which?) Cemetery or crematory Baltimore National Cemetery Baltimore, Maryland 18. Funeral director. Address Havre de Grace, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

SEP 25 1947
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PLEASE

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

18. Funeral director

(Date rec'd by registrar)

Hospital, institution, or street address where death occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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07926

CERTIFICATE OF DEATH

Registrar

and give nearest town)

2. USU. (Fo

City or to

	Reg. Dist. No.
AL RESIDENCE (HOME)	OF DECEASED:
r newborn infants give residence	of mother)
va.	County Mala ally ac
. Plula	delfara
(If outside city or town lin	nits, write RURAL and give nearest town)

(If rural, give LOCATION)

2.(a)	If	veleran.	name	war.	

3. (b) Social Security Number

How long in hospilal or in	stitution?		***************************************	
3. (a) FULL NAME	ayn		d. 4 Has	9
4. Ser M	Solor grace	//	n married, widowed, or divorced	
8.(b) Nama of husband or	wite /Les		Hagee	
7. Birth date of deceased (mo., day, yr.)	mar		31, 1907	
8. AGE: Years	Months	Days	if less than one day	
40	5	3	hrsmln.	
to. Usual occupation	nainton	ounty, and s	eger	
13. Birihplace	Phila	, Fa		-
H 14. Maiden name, 15. Birthplace	Bloves	l Co	for t	
18. Informant	Helen	52	nd St Chila	-
(Burlal, cremation, o		Date there	ent. State (Month) (day) (year)	

20. DATE OF BEATH SUPETION	rtification bes 3 1947 1236
21. I CERTIFY that death occurred on the date abov	re stated; that t attended daceased from
and that I last saw halive on	
Immediate time of death.	
Due to	
Due to	1.0
Other conditions	
(Include pregnancy within 3 m	onths of death)
Major fiadings of operations	

PHYStCIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death for due to external causes, till in the tollowing:

Accident, suicide, or hemore.

Where did injury occurred and accident (City or lown)

(City or lown)

(County)

(State)

23. SIGNEURE COCKSONIUM Cecil Count



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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leg.	Dist.	No.	10

1,, /,	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givo residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Patricle Harber. 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	3. (b) Social Security Number 17 9-22-0092 MEDICAL CERTIFICATION 20. DATE DE DEATH Security Number
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h. Line after on State Use 16. 19. 47. Immediate cause of death BURATION DURATION
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to.
	Due to
11. Industry or business 12. Name. Clyfile D. Hicks 13. Birthplace North Carolina 14. Malden name. Sillian Salban 15. Birthplace Urginia	Dither conditions the first and the first an
16. Interment lighte the Auchs	Autopsy results
Address Dosthwyn Ce. R. F. D. 17	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Baltham Comments. 18. Funeral directors advantage Tellows.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at work?
Address Mellington, Mosq	the word dance have
19 Late 1 19 19 Most Succession 19 19 March 19 W. Cherry Registrary	23. SIGNATURE Address Date signed Date signed

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			CERTIFICA	ATE OF DEATH Reg. Dist. No)		
City or town(17 How long in above place Hospital, Institution, of VAH	PERFOUTSIDE OF TOWN I	Y POIN mits, write H 9 mon death occurred int, M	d.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or town. Woodlawn (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If we eran, name war. SAW			
3. (a) FULL NAM		LES F.	JOYCE	3. (b) Social Security Nu	mber		
4. Sex	5. Color or race		e, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20, DATE DF DEATH Sept. 28 19, 47 21	8:50P		
			yce	12-17	19.47		
8. AGE: Year 73	s Months	Days 17	it less than one day	Peritonitis, Acute l	ess than week		
9. Birthplace	Maryland (Town, Unkn	eounty, and	state)	01:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:	nknown		
11. Industry or busines 12. Name				Bther conditions Arteriosclerosis, generalized	Inknown		
14. Malden name	Sophia Unknown		ka	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.			
16. Informant Hospital Records Address VAH, Perry Point, Md.				Actopsy results. Confirms above PHYSICIAN: Please underline the cause to which death should be charged state			
Cemetery or cremat	ral n, or removal. Which? Loudo Balti	n Park more,		22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	State)		
18 Funeral director		CONTRACT OF ART OFFI					

23. SIGNATURE

A.E. TROLLINGER, M.D. Clin. Difector VAH, Perry Point, Md. Date signed 960-47

S. Mangharte

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

especially important.

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PLAINLY

WRITE

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Havre de Grace, Maryland

Sept 35 (Dage rec'd by registrar)

the correct age

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2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infanta give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street Ro. 304 Clatar Blace
304 Elkton Bldv. Mow long In hospital or institution?	(If rural, givo LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME Clar Blackson My	Closkey. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Loh. Married.	MEDICAL CERTIFICATION 20. DATE DE DEATH. Sept. 3 19. 47, 217:07.P.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 47. 10. 19. 47.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Clays it less than one day 6.3 6.24	Immediate cause of death Cerebral Parriage 3 whs
9. Birthplace (Town, county, and start) 10. Usual occupation.	Due to. Malynt yetism Afry. Due to. 2 yrs
11. Industry or business 12. Name Listes Blackers 13. Birthplace Dew Jersey	Other conditions. (Include pregnancy within 3 months of death)
14. Maiden name. Clarica Id. Hensenson 15. Birthplace Cleburge	Major findings of operations. Date of op.
18. Informant Lefter & Mc Clasky Address Clkton, Ind	Autopsy results
(Burial, cremation, or removal, Which?) Bate thereot. Sept. 7, 1947. (mouth) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Location new new ark Del	(City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?
18. Funeral director	23. SIGNATURE S. Relf Ansheur Jan N.O.
(Date rec'd by registrar) Registrar	H Aggress. Comments of the com

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coris especially important. Physicians: please write the causes of death clearly and legibly.

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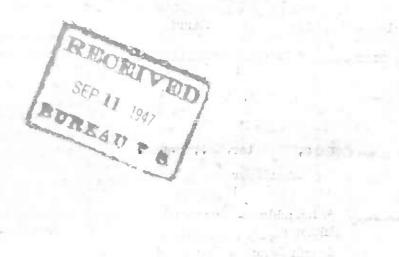
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

/						
CECIL County				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
			State Maryland County Prince Georges City or town Laurel (If outside city or town limits, write RURAL and give nearest town)			
How long in above place Hospitat, Institution, or	e of death?	L4gnou	rs	(If outside city or town limits	s, write RURAL and give no	earest town)
Voters	ne Admini	stratio	n Hospital	Street No. 212 Main Street	LOCATION	
	H+R#*********	1.41 h	ours	(If rural, give LOCATION) 2.(a) If vetepp hame war. World War-I		
	The second secon	13211	QUL. 5	2.(d) if vere any name war		
3. (a) FULL NAM	E			3. (b) Social Security Number		
	Willi	am Jame	s MCFADDEN		Unknown	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White		Married	2D, DATE DF DEATH 6 Septem	ber 19 47	a 6:15 ▲
6.(b) Name of husband	or wife	ertha B	asquill	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dec	eased from
		6. (c) if alive, give ageyears	and that I last saw h		
7. Birth date of deceased (mo., day,	yr.) Ju	ne 4, 1	896	Immediate cause of death.		
8. AGE: Year	s Months	Bays	If less than one day	Endocarditis, acute,		
51	. 3	2	hrs min.	audocardrers, acute,	DecretisT	Y.A
g. Birthplace				Due to		
10. Usual occupation.		, out & O to	,	Due to		***
		lden -	deceased	Other conditions		****
12. Name	Unknown			Broncho-pneumonia, 1	eft	Unknown
# 14. Maiden name				Broncho-pneumonia, 1	months of death)	
14. Maiden name			deceased	Major findings of operations	***************************************	
14. Maiden name	Unknow	1				
	ospital re	cords	and wife	Autopsy results	V.C	d statistically.
Address Remo	val	Date the	Sept.10,1947 (month) (day) (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide		
(Burial, crematio	val n, or removal, Which	h?)	(month) (day) (year)			
Cemetery or crematory Beverly National Cemetery Beverly, New Jersey			al Cemetery	Where did injury occur?(City or town)	(County)	(State)
			Jersey	tnjured at home, farm, industry, public place (w	here?)	
Location			· Qn-	Weens of Injury	injured at work?	
1B. Funera Affector	ENNINGTON	& SON		(d) low	laon Med	Carl County
Address Hav	re de Grad	e, Ma.	5/1	3. SIGNATURE	M D	or other
19 Date rec'd by r	9	7 1	Robistras	Maddress / Claring su	u Mulate signer	7-6-47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.		
1. PLACE OF DEATH: CountyCECIL.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate. West Virginia County Cabell		
City or town Perry Point (If outside city or town limits, write RURAL and give nearest town) How long In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred: Veterans Administration Hospital How long In hospital or Institution?	Street No. 1810 Bungalow Avenue (If rural, give LOCATION) WW-I		
3. (a) FULL NAME ALLEN WALKER PRINCE	3. (b) Social Security Number		
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH. 14 September 19 47 21 1:55		
6.(b) Name of his varie wife Wabel Carson 6.(c) If alive, give age 49 years 7. Birth date of deceased (mo., day, yr.) May 7, 1897	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 22		
8. AGE: Years Months Days If less than one day 50 4 7hrsmin.	General paralysis of the Insane Unknown		
9. Birthplace Huntington, Cabell Co., W. Va. (Town, county, and state) 10. Usual occupation Unknown	Due to		
11. Industry or business 12. Name	Other conditions Pneumonia, bronchial, left 3-4 da		
14. Maiden name Nora Davis 15. Birthplace Wayne Co., West Virginia	Major findings of operations		
16. Informant. Mabel C. Prince, wife Address 159 Cedar St; Huntington, W.Va.	Autopsy results. Same as above PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Removal (Burial, cremation, or removal, Which?) Cemetery or crematory Woodmere Cemetary, Date thereof Sept. 15, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Huntington, West Virginia 18. Funeral director	Injured at home, farm, Industry, public place (where?) Maans of Injury Injured at work?		
Address Havre de Grace, Maryland,	23. SIGNATURE TROLLINGER, M.D. M.D. Other Perry Point, Md. M.D. M.D. 9-14-47		
(Date/yec'd by registrar) Registrar	Address. Date signed.		

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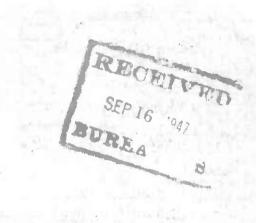
ADING INK. Supply every item of i Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Math Clair town limits, write RURAL and give nearest town)	State County County Ca. R. F. D.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Sireet No
How long in hospital or institution?	2.(a) If referan, name war Iles. World Wate I
3. (a) FULL NAME Fred F. Smith	3. (b) Social Security Number 176-20-6811
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. September 16 19 11 a. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth daie of deceased (mo., day, yr.) Aurel 26, 1928	and thet I last saw h. Mad. affre on 19 t.
8. AGE: Years Months Days If less than one daymin.	Immediate cause of death OURATION Supound fractus for Second
9. Birthplace Plana (Town, county, and state)	Due to.
10. Usual occupation	Due to.
12. Name sept Smith	Other conditions to ground parties ferming lift
14. Maiden name Mary Bunsall 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
Canalle South	Date of op.
Address Boothypen. Pa.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or report). Which?) Oate thereof, School (19, 1947) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, swielde, or homioide
Location Aschdale Sa:	Where did injury occur? (City or town) (County) (County) (County) (City or town)
18. Funeral director Edycata Fellows	Means of Injury the Company Injured at work?
Address Millington, Mil	- 23. SIGNATURE ON Cloyd H. So reele, NO.
(Data rec'd by registrar) 1944) Mara Haracaful Glesgales	2 cloth hid bright the

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Neg. Dist. 110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Real
(If outside city or town limits, write RURAL and give nearest town)	S TILLE m
How long in above place of death?	(If outside city or town fimits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How tong In hospital or Institution?	2.(a) If veteran, name war. Duff a U ulman
3. (a) FULL NAME	15-638 3. (b) Social Security Number 217-24-638
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male W Single	20. DATE DE DEATH 13 Safat 19.47 , 21.6:45.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	3 Feb 47 10 12 70 12 70 47
7. Birth date of 11-3 - 1020	and that I last saw h. h. alive on
8. AGE: Years Months Daye If less than one day	Immediais cause of death
18 10 9hrsmin	Drain Carlon
TO THE BIR OF MI	
8. Birthplace (Town, eounty, and state)	Due to
10, Veual occupation School Boy	
11, Industry or business	Due to
12. Name William Thoppel 13. Birthplace Oxford markland	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Lovilla Oldham 15. Birthplace North East Cicl G Md	Major findings of operations. S. Resuspher
E 15. Birthplace Morth Cash, Cecil Ca Ma	Clione Date of op. 10 Trale 4
16. Interment Mrs William Hugger	Autopsy results
Address North End 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. I Kuthur	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Date thereot (noneh) (day) (year)	Accident, suicide, or homicide
Cometery or crematory	Where did injury occur?
Location Bas View md	Injured at home, farm, Industry, public place (where?)
Ano CR W	Meane of Injury Injured at work?
18. Funeral director	Da-11 ()
Address My Eash May	23. SIGNATURE THE DELEGIONARY MED
19. left 16 1947 Leda V. Cevens	M. D/or other
(Date rec'd by registrar) Registra	Address Address Address Address Address



1. PLACE OF DEATH:

How long in hospitat or institution?. 3. (a) FULL NAME

Years

7. Birth date of deceased (mo., day, yr.)

9. Birthpiace ...

fO. Usual occupation. f1. Industry or business f2. Name.....

13. Birthplace

Address

14. Maiden name

Cemetery or crematory

(Data rec'd by registrar)

(Burial, cremation, or removal, Which?)

MOTHER

8. AGE:

Exidence	for the	clarrific	MARYLAND	CT ATT	DEDARTMENT	OF HEALTH
		shown on	MAKILAND	SIAIL 2411 N. CI	DEPAKIMENI naries St., Baitimore	• 940
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If tess than one day

(month) (dny) (yenr)

Registrar

(If outside city or town limits, write RURAL and give nearest town)

Days

How long in above place of death?..... Hospital, Institution, or street address where death occurred:

Reg. Dist. No.

CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (HOME) OF	DECEASED:	
(For newborn infants give residence of m	other)	-0
State Count	, cecu	~~~~~
City or town	write RURAL and give near	eat town)
Street No.		
(If rural, give L	OCATION)	
2.(a) if veteran, name war		
	3. (b) Social Security N	umber
with the		
MEDICAL CE	RTIFICATION	
X 1 + 2 /	115	OR
20. DATE OF DEATH.	a 0 1947	at M
2f. I CERTIFY that death occurred on the date above	stated; that I atfeaded deceas	red from
19	, fo	19
and thaf I last saw hattre on	***************************************	19
Immediate cause of death		DURATION
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- A		***************************************
oue to Christia	Rl	

•		**************************
Due 10		

Other conditions		***************************************
(Include pregnancy within 3 mc	ontha of death)	
	a control of death,	
Major fiadings of operations		
***************************************	Date of op	
Autopsy results	1 2 4 2 12 1 1 2 2	
PHYSICIAN: Please underline the cause to which		atisticany.
22. VIOLENCE: If death was due to external cause	es, fill in the following:	
Accident, aulcide, or homicide	Date of	
Where did injury occur?(City nr town)	(County)	(State)
injured at home, farm, industry, public place (whe	re?)	
Meana of Injury	injured at work?	
Rele Doch	101 k/199	cal Examiner
13 SIONATURE COCK	M. D. or	Cecil County
Address Klaing Sur	Mulate signed	1-6-47

Supply every item of information carefully. The crease write the causes of death clearly and legibly. Physicians: please important. WRITE PLAINLY, is especially PLEASE

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Reg. Dist. No.	6

	CERTIFICA	TE OF DE	ATH	Reg. Dia	t. No
1. PLACE OF DEATH: County Cecil City or town Port Deposit, Rural (If outside city or town limits, write RURAL an How long in above place of death? 5 months Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	Stale	IDENCE (HOME) n infants give residence rland Seat Pleas r outside city or town lin (If rural, g	of mother) County Prince Sant Mar hits, write RURAL a live LOCATION) 3. (b) Social	vlandnd give nearest tow	
Harry T. Taylor	midamed as diseased				
Male White Divor		2D DATE OF CEATH	Sept	CERTIFICAT	
6.(b) Name of husband or wife Viola B. Lock 6.(c) If alive, 7. Birth date of deceased (mo., day, yr.) Sept. 29, 1885	, give ageyear	and that I last saw	death occurred on the date	Septi	Jeff :21
o. AGE:	s than one dayhrsmin.	Con	mary V	hrontos	us fra
9. Birthplace Bowie (Town, county, and state) 10. Usual occupation. Draw Tender	Oue to	jeng t	ulins	2	
11. Industry or business Penna. Railroa	ıd				
E 12. Hame John W. Taylor 13. Birthplace M 14. Maiden name Annie E. Bunnel 15. Birthplace	Major fiedings of	nclude pregnancy within	3 months of death)	***************************************	
16. Informant Mrs. Stanley Craig	Autoney results	se underline the cause to			
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Fort Lincoln Location Baltimore Blvd., U.S.R	Accident, suicide, of Where did Injury of thijured at home, ta	d death was due to external or homicide	n) (Coun	ate ofty) (State	
18. Funeral director el a Catteram Address Terrywell, M	ind.		1.7.71		

ale	
lly or town Seat Pleasant (If outside city or town limits, write	Maryland e RURAL and give nearest town)
treet No	
(If rural, give LOCA	ATION)
.(a) If veteran, name war	×
3.	(b) Social Security Number
	716-03-1189
MEDICAL CERT	IFICATION
D. DATE OF DEATH Seft, 2	1947 1 1,30
1. I CERTIFY that death occurred on the date above sta	ted; fhat I attended deceased from
	/ DIRATION /
Coronary This	mbrio funido
ue to. Let	
ther conditions	
(Include pregnancy within 3 month	
Tajor fiedings of operations	
	Date of op
Autopsy results	eath should be charged statistically.
2. VIOLENCE: If death was due to external causes, i	illi in the tollowing;
accident, suicide, or homicide	
Where did injury occur?(City or town)	
njured at home, tarm, industry, public place (where?)	
Meens of Injury	Injured at work?

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2411 N. Charles St., Baltimore

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information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

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PLAINLY, is especially

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CERTIFICATE OF DEATH

g. Diat. No. 96

			CERTIFICA	L OI DEATH	Reg. Diat. No	
1. PLACE OF E	CECT			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
How long in above pla Hospital, Institution, VAH. How long in hospital	PERR If outside city or town I ace of death? 5 Mi or street address where Perry Point or institution?	POIN mits, write on the standard scourse on the standa	r, MARYLAND RURAL and give nearest town) 3 days d: ar 3 months	State Maryland County Harford City or town Aberdeen (If outside city or town fimits, write RURAL and give nearest town) Street No. (If roral, give LOGATION) 2.(a) If veteran name war. World War I		
3. (a) FULL NA		VITU	COVITCH		3. (b) Social Security	y Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	S	ingle	20. DAYE DF DEATH September	25 19 47	at 4:47
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date about 17	47 10 Sept.	25 19 47
deceased (mo., da	317.0	394		Immediate cause of death		DURATION
o. Add.	ears Months	Days	If less than one day	Uremia		4 days
5.						
B. Birthplace				Due to. Hypertensive card renal disease	IOVASCULAF	Unknown
				Other conditions		
12. Name Unknown Unknown Unknown						
≤ 13. Birtingtace				(Include pregnancy within 3	months of death)	
14. Maiden nar 15. Birthplace	me			Major findings of operations		
					Date of op	
16. Informant	Hospital Re	cords	***************************************	Astony results Confirms about	Ve	
Address	VAH, Perry val		Maryland 10_1_47 (month) (day) (year)	PHYSICIAN: Please onderline the cause to w 22. VIOLENCE: If death was due to external can Accident, suicide, or homicide	uses, fill in the following:	
Cemetery or crem	matory Baltimo	re Nat	ional Cemetery	Where did injury occur?		
Location Baltimore, Maryland				Injured at home, farm, industry, public place (w		
18. Funeral director				Means of injury	Injured at work?	
Address Havre de Grace, Maryland			yland	23. SIGNATURAL 2	acel	eye
19 Sept	30 19 47		ene ? langhers	A.E.TROLLINGE	R,M.D., Clin L d. Date signe)irector 9629-47

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CERTIFICATE OF DEATH

Reg. Dist. No. ...

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Ceuniy Cecil	
City or tewn (If outside city or town limits, write RURAL and give nearest towo)	Slate Mary Cana Ceunty Ceuty
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in abere place et death? 5 7 days. Hospital, institution, er street address where death eccurred:	0 1 + +
Linion Hosp.	Street Ne. // O Statul Screet (If rural, give LOCATION)
57 days	
Hew leng to hespital er institution?	2.(a) If veteran, name war
3. (a) FULL NAME Enoch Wilson	3. (b) Social Security Number
4. Sex 5. Celer or race 6.(a)Single, married, widewed, or diverced	MEDICAL CERTIFICATION
male negro married	20. DATE OF DEATH Sept. 27 19 47 , 18:30 P
8.(b) Name et wite alice Wilson	21. I CERTIFY that death occurred on the date above ctated: Thet I attended deceaced from
	August 4 1947 10 Seft. 27 1947
7. Birth date of 2 June 1987	and that I last eaw h
deceaeed (me., day, yr.)	Immediate cause of death
8. AGE: Yeare Menthe Days It tess than one day	Carimon of the lung right. Applied
60 7 21hrsmin.	0 116 max
Maryland	Due to
9. Birthplace (Town, county, and state)	
10. Usual occupation farmer	
11. Industry er business	Due 1e
12. Hame George Wilson Haryland	Other cenditiens
	(Include pregnancy within 3 months of death)
14. Molden name Henrickla Cark 15. Birthplace Mary Cand	
15 Birtinolace Maryland	Major findings of operations.
21 15. Birthplace	Date of op.
13. Informant Auch Manager	Antopey results.
Address 110 de the the St. Elector Mai	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial 19/4/47	22. VIOLENCE: If death was due to external causes, till in the tellewing;
(Burlal, cremation, or removat. Which?) Date thereet (month) (day) (year)	Accident, suicide, er hemicide
Cemetery or crematory Front alumes Commenter of	Where did Injury eccur?
Location Chiton Miss.	Injured at home, farm, industry, public place (where?)
61.1 EX 13.00	Meens et injury Injured at werk?
18. Funeral director	PROLLAR. 140
Address 909 Toplar St. William	23. SIGNATURE S. Call framer for M. O.
19. Oct / 19.47 FR Fraza	233 E. Usin St. Sale street 9/201
(l) ate rec'd by registrar) / Registrar	Address als C. with ST. Date elened 12.01

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



13

age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

2411 N. Charles St., Baltimore

Reg

CERTIFICATE OF DEATH

	0	79	3	8
Dist. N		9	7	9

A CONTRACTOR OF THE CONTRACTOR	
1. PLACE OF DEATH):	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Cecit	(For newborn infants give residence of mother)
City or town Gurst (near Free Luce)	State
(If outside city or sown limits, write RURAL and give nearest town how long in above place of death?	City or town
How tong in above place of death	
	Sireet No
How long in hospital or institution?	2.(a) If yeteran, name war.
3. (a) FULL NAME	
S. (a) FOLL NAME	3. (b) Social Security Number
Bornell of your	06-/080
4. Sex 5. Color or pace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mole white married	20. DATE DE DEATH. 9-20 18 42 at 11:30 P
6.(b) Name of husband or wife Mary Yotes	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, give age 52	18 20 18 47 10 Sift 20 1947
7. Birth date of	and that I last saw h. a salive on Sife 15 1942
deceased (mo., day, yr.)	Immediate cause of death Pulsa was a many DURATION
8. AGE: Years Modifies Days If less than one day	Tubi-colosis /4.
62 / 26hrs.	
9. Birtholace Russel County, Va	Due to.
(Town, county, and state)	Due (V.
10. Usuat occupation former	Due to.
1t. Industry or business Farm	
	Avle Frasive Condia
12. Name Joseph Zealey 13. Birthplace Russel County, Va.	Dther conditions
	(Include gregnancy within 3 months of death)
14. Maiden name. Catherine Thampson to. Birthplace Russel County, Va.	Major findings of operations.
\$ 15. Birtholace Russel County Va.	major nadings of operations
mary restrict	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Acting Sun, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof Sept. 24, 19	
(Burial, cremation, or removal. Which?)	
Cemetery or crematory bewell Cemelary	Where did injury occur? (City or town) (County) (State)
Location Port Deposit mld	Injured at home, farm, Industry, public place (where?)
Roll mand	Meens of Injury Injured at work?
18. Funeral director	5
Address dising Sun, md.	- Ilkutal I. mr
May 22 40 Fammy other at	23. SIGNATURE M. D. or other
19. (Internal de la constante	ristrar Address Pour Copered Bate signed 9-22-8;

